County ofG.	19	ARIZON	IA STATE DUA	ARD OF DEALIN
f .		RUREAU OF V	TAL STATISTICS	State Index No. 5191313
		FICATE OF BIRTH	County Registrar Noo3 36	
or Globe		(If birth occurred in a		tocal Registrar No. Phill, SAPIZ. Ward its NAME instead of street and number) If child is not yet named, make supplemental report, as directed.
Sex of Child	To be answered ONI in event of plural births.	. 4 Twin, triplet or of	her 6. Legitimate?	7. Date of birth June. 20, 1917 Month day year
i.	FATHER		14.	MOTHER
full nam John DeMerite Jones			Full maiden namudora A.Weisbecker.	
Residence (Usual place of abode) Copperhill If nonresident, give place and state Ariz.			15. Residence (Usual place of abode) Copperhill If nonresident, give place and state Ariz.	
1			16. Color or race	
vhite	11. Age at la	st birthday 24(Years	White	17. Age at last birthday19(Years)
2. Birthplace (city or place) Gilmore City.			18. Birthplace (city or place) LaCrosse	
(State or country) IOWA			(State or country	TR 1 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
13. Occupation Nature of industry Machinist			19. Occupation House-Wife Nature of industry	
Number of child 'aken as of time of rtified and includir	birth of child herein	(a) Born alive and now (b) Born alive but now (c) Stillborn NONE	living ONC 21. Were thalmi	precantions taken against oph- a neonatorum?
		CATE OF ATTENDIN	B PHYSICIAN OR MIT	OWIFE*
hereby certify that I attended the birth of this child, who was born at me, on the date above stated,				
•When there was no attending physicism or midwife, then the father, householder, etc., should make this return. A stillborn child (Physician or midwife)				
s'one that neither breathes nor shows other wideness of life after birth. Address of life after birth. Address Filed WAMA 1914				
2 2 Wunth, day, year. Registrar. County Registrar.				
AS-1	2 10 11 ml .			